

Case Number:	CM13-0072303		
Date Assigned:	01/08/2014	Date of Injury:	09/09/2009
Decision Date:	06/10/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female who reported an injury on 09/09/2009. The injured worker's treatment history included lumbar fusion at the L4-5 and L5-S1, physical therapy, cognitive behavioral therapy, acupuncture, and multiple medications. The injured worker was evaluated on 11/05/2013. It was documented that the injured worker had reduced cervical spine range of motion secondary to pain with muscle spasming in the paravertebral and upper trapezius regions, a positive foraminal compression test bilaterally, and right-sided 4/5 motor strength of the right shoulder. It was documented that the injured worker had reduced range of motion of the right shoulder with a positive impingement sign, positive Yergason's test, positive supraspinatus test, and positive Apley's scratch test to the right side. The injured worker's diagnoses included a cervical spine musculoligamentous injury, bilateral shoulder impingement, carpal tunnel syndrome, stress, anxiety, and depression, gastritis secondary to medications. The injured worker's treatment plan included physical therapy to the neck and shoulders, and psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EIGHT (8) PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE AND BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested 8 physical therapy sessions for the cervical and bilateral shoulders are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the injured worker has previously undergone physical therapy for the cervical spine. Therefore, the injured worker should be well-versed in a home exercise program. Additionally, the request includes physical therapy for bilateral shoulders. The California Medical Treatment Utilization Schedule recommends physical therapy to address pain complaints and weakness and range of motion deficits. The clinical documentation submitted for review did not provide any substantial deficits to the left shoulder. The records were unclear as to how physical therapy to the bilateral shoulders would benefit this patient. As such, the requested 8 physical therapy sessions for the cervical spine and bilateral shoulders are not medically necessary or appropriate.